

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **454083** (7)
1. Corporation Name
ALAN M. SANDLER, P.A.



Principal Place of Business: **117 ARAGON AVE CORAL GABLES FL 33134**
Mailing Address: **117 ARAGON AVE CORAL GABLES FL 33134**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/07/1974		07/11/1995
4.	FBI Number	Applied For / Not Applicable	
	59-1539588		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SANDLER, ALAN M 117 ARAGON AVE CORAL GABLES FL 33134		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature typed or printed name of registered agent and fee applicable		Delete		Change Addition	
12.	P SANDLER, ALAN M. 117 ARAGON AVE CORAL GABLES FL	13.	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			12 NAME		
			13 STREET ADDRESS		
			14 CITY - ST - ZIP		
			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			22 NAME		
			23 STREET ADDRESS		
			24 CITY - ST - ZIP		
			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			32 NAME		
			33 STREET ADDRESS		
			34 CITY - ST - ZIP		
			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			42 NAME		
			43 STREET ADDRESS		
			44 CITY - ST - ZIP		
			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			52 NAME		
			53 STREET ADDRESS		
			54 CITY - ST - ZIP		
			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			62 NAME		
			63 STREET ADDRESS		
			64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Alan M. Sandler* **4/2/96** **305-442-2720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)